

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Hick (misc) St. Arnold  
X-7039    X-7120    X-7140    X-7464

## SYNOPSIS AND DATES

NEW CLASSIFICATION 293 Hick - St. Arnold X-7039

# RECLASSIFICATION SHEET

243 unk St. Avold X-7120 *ms*

7887 GRAVES DETACHMENT

AP0 757

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X-7120, ST AVOLD, FRANCE.

(POC) DRAGUIGNAN

*file 2 mar 51  
Kirkland  
Ident.*

# REPORT OF INVESTIGATION

# 6590

## AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

12 August 1946

Date

NAME Unknown X- 7120 RANK Unknown ASN Unknown

ORGANIZATION A.A.F.

MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

### SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No  
If so, state the following information :
  - a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_
  - b. ORGANIZATION \_\_\_\_\_
2. Was partial identification established? No  
If so, state the facts as to whom you believe the deceased to be :
  - a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_
  - b. ORGANIZATION \_\_\_\_\_
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY \_\_\_\_\_  
See attached sketch

(Use reverse side for listing of crew members from MACR)

a. Date of above burials See sketch Common Graves? \_\_\_\_\_

5. Name and Type of Cemetery Wiener Neustadt Cemetery (Civilian)  
(Military or Civilian)
6. Map Coordinates of the Cemetery xX 3548; 0-48; 1:250,000  
 a. Town Wr. Neustadt Country Austria
7. Give exact location in cemetery of the remains.  
 a. Section K Row 6 Grave ----  
 b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location.  
 a. Town \_\_\_\_\_ Coordinates \_\_\_\_\_  
 b. Is sketch attached? \_\_\_\_\_  
 c. Is area mined? \_\_\_\_\_
9. How is the grave marked? Wooden cross  
None
10. If grave is marked with cross, give exact markings thereon \_\_\_\_\_  
 \_\_\_\_\_  
 a. From what source was this information obtained? \_\_\_\_\_  
 (Identification tags, personal effects)  
 b. By Whom \_\_\_\_\_
11. Where are the cemetery records? Cemetery  
 (Town Hall, cemetery, burgermeister's office)  
 \_\_\_\_\_  
 a. What information was contained thereon? None  
 \_\_\_\_\_  
 b. Where was the information obtained? \_\_\_\_\_  
 c. By Whom? \_\_\_\_\_
12. What is the date of death? Est Oct 1943  
 a. Give basis Statement of Civilian
13. What is the cause of death? Unknown  
 b. Give basis \_\_\_\_\_
14. What is the date of burial? Oct 1943  
 a. Give basis Statement of Civilian

15. Where was the place of death? Vicinity Wiener Neustadt Coords \_\_\_\_\_

Give basis Burial in Wiener Neustadt

16. Where were the remains found? Unknown Coords \_\_\_\_\_

a. By Whom? Unknown

b. Is sketch attached? No

17. Was a casket used? Yes Who furnished the casket? Town

Type of casket Wooden How marked? None

18. Who made the burial Unknown

(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? Unknown

b. Are certificates and statements attached? No

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? Unknown

a. Give location in plane from which the bodies were removed \_\_\_\_\_

(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)

b. Near wreckage? \_\_\_\_\_

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom). Wreckage removed by German Military

a. Type of Plane No information available

b. Markings and/or name on plane \_\_\_\_\_

c. Give numbers on motors, machine guns, instruments, radios or other equipment: \_\_\_\_\_

21. How did crash occur? Unknown Anti-aircraft

Enemy Planes? \_\_\_\_\_ Collision? \_\_\_\_\_

22. Did plane explode in the air? Unknown On ground? Unknown
23. Did plane burn in the air? Unknown On ground? Unknown
24. What was the direction of the flight? Unknown
25. What was the civilian opinion regarding destination of plane? Unknown
26. Had bombs been released prior to the crash? Unknown
27. Does specific time and date of crash correspond with date of death of above named deceased?  
Unknown
28. Number of planes in formation prior to crash Unknown
29. State precise time and date of plane crash Unknown  
(Night? Day?)
30. Were parachutists seen? Unknown How many? \_\_\_\_\_ Escaped? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

**SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).**

31. Were remains found in wreckage of a tank? \_\_\_\_\_
- a. Give specific position in tank from which deceased was removed. \_\_\_\_\_
- (Radio man, driver, assistant driver or... front, side, or back)
- b. Near wreckage? \_\_\_\_\_
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank \_\_\_\_\_
- b. Markings and/or name of tank \_\_\_\_\_
- c. Numbers on motors, machine guns, ammunition, instruments, etc \_\_\_\_\_
33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_
34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

35. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_

36. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_

37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night? Day?)

38. Did any of the crew members escape? \_\_\_\_\_ Prisoners? \_\_\_\_\_

**SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)**

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) \_\_\_\_\_

If so, give, complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached? \_\_\_\_\_

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION E - GENERAL (To be completed by investigation in all cases)**

41. Were personal effects recovered by the investigating team \_\_\_\_\_  
No

If not, state reason \_\_\_\_\_ Removed by German Military

a. Were identification tags found at the time of death? \_\_\_\_\_ Unknown

Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

Present disposition \_\_\_\_\_ Unknown

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? \_\_\_\_\_ Unknown

Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

Present disposition \_\_\_\_\_ Unknown

X-7/20

c. Was deceased identified by living members of the crew at the time of death? \_\_\_\_\_

Unknown

d. Did Cemetery register or cross indicate the immunization shot? \_\_\_\_\_ No

42. Was Deceased given first aid? \_\_\_\_\_ Unknown \_\_\_\_\_ If so, where? \_\_\_\_\_

By whom? \_\_\_\_\_ Are statements from the medical people attached? \_\_\_\_\_

43. Was deceased evacuated to a German civilian hospital? \_\_\_\_\_ Unknown

WHERE? \_\_\_\_\_ Names of people concerned \_\_\_\_\_

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? \_\_\_\_\_ No

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? \_\_\_\_\_

No

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? \_\_\_\_\_

No

a. If so, give basis for positive assumption \_\_\_\_\_

b. If so, has higher headquarters been notified? \_\_\_\_\_

47. Was case previously investigated? \_\_\_\_\_ Yes \_\_\_\_\_ By Whom? \_\_\_\_\_ GRO-USFA

When? \_\_\_\_\_ Approx Feb 1946

48. Give full names, addresses, and information obtained from each person interviewed \_\_\_\_\_

JOSEPH STROBL, Wiener Neustadt Cemetery

JOHANN SCHROENER

49. Are all positive statements regarding identification and particulars surrounding death attached? \_\_\_\_\_

Yes



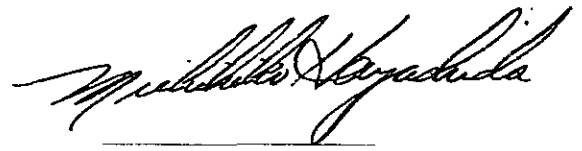
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?  
 \_\_\_\_\_  
 Yes
51. Was investigation preceded by advanced publicity? \_\_\_\_\_  
 No  
 \_\_\_\_\_  
 Unknown  
 (If special investigation, give case number) \_\_\_\_\_
52. Give Brief Narrative \_\_\_\_\_ Case in Russian Zone; no publicity. \_\_\_\_\_  
 Impossible to get more detailed information under circumstances

(Use attached sheets, if necessary)

\_\_\_\_\_  
 Signature of Interpreter

\_\_\_\_\_  
 Rank                      ASN

\_\_\_\_\_  
 Organization

  
 \_\_\_\_\_  
 Signature of Investigator  
 MICHIIHIKO HAYASHIDA  
 2nd Lt. O-1338230

\_\_\_\_\_  
 Rank                      ASN

347 QM Bn  
 \_\_\_\_\_  
 Organization

X-7120

List of American flyers burried in the cemetery in Wiener Neustadt

Number of Names of the flyers	Correct or .presumable date of death	Cause of death	Remarks
28 flyers of several grades	1 - 10 - 43	Plane crash	Found in several places and burried here in a mass grave
2	2 - 11 - 43		
1 flyer	1 - 10 - 43		Found after 1/10/43 in neighborhood Rax works
1 flyer	1 - 10 - 43	Came down by parachute found dead hanging in a tree	Was found in Burgenland and burried here in a mass grave
1 Latiner	May 1944	Plane crash	Found in several places & burried here in a mass grave
1	May 1944	" "	
1	May 1944	" "	
1	May 1944	" "	

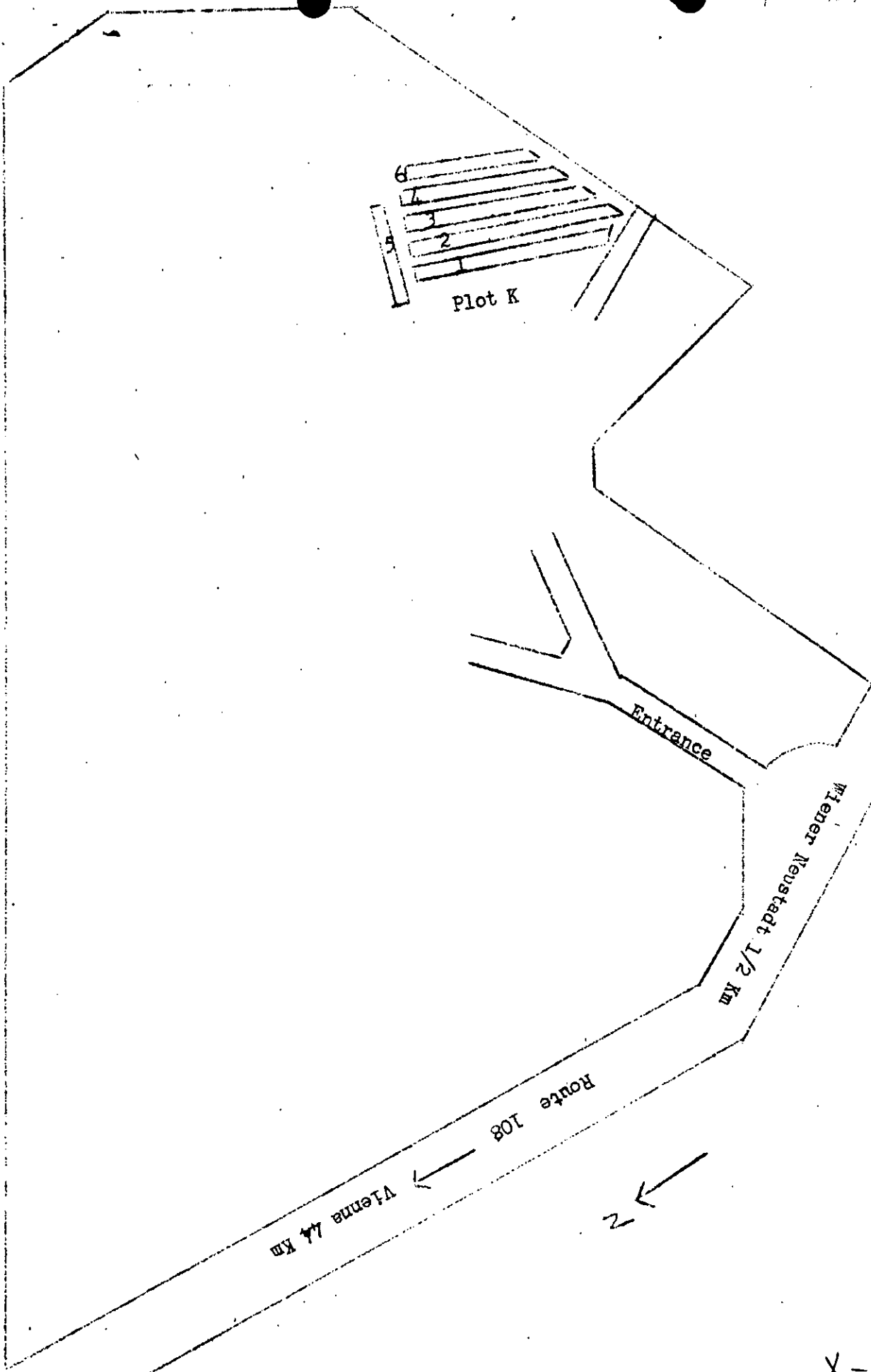
This information is correct to the best of my knowledge but I cannot say that it is complete

Translation

S/Schoerner, Johann

X-7/180

Cemetery plan of Wiener Neustadt, Cemetery, Wiener Neustadt, Austria  
Coords (xx 3548), Sheet 0-48; 1:250,000, Graz; Showing Location of American Graves



X-7120

USMC DRAGUIGNAN

Plot: D Row: Gr: 25

Date of Burial: 18 Jul 50 DISINTERMENT DIRECTIVE

Verified by GRS Officer:

R. W. GANSEL, 1/Lt., OMC

APP  
7/2/50

1

SECTION A NAME AND BURIAL LOCATION OF DECEASED <i>R. W. Gansel</i>	DIRECTIVE NUMBER 3574 00000	DATE 15 01 48 DAY MONTH YEAR
--	--------------------------------	------------------------------------

NAME <i>Bank Staveland X 7120</i>	SERIAL NUMBER UNKNOWN X-007120	RANK	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD - METZ	DISPOSITION OF REMAINS 0 <del>XXXXXX</del> 80 CODE 3501 DIST. PT.			CAUSE OF DEATH 6
PLOT 4J	ROW 2	GRAVE 31	COUNTRY FRANCE	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <del>ST AVOLD, FRANCE</del> <del>FRANCE</del> <del>ADMINISTRATIVE RECORDS</del>	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49)
--	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X- 007120	SERIAL NUMBER	RANK Unk	DATE OF DEATH Est Oct 43	DATE DISINTERRED 12 May 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <b>EMB</b> <input checked="" type="checkbox"/> MARKER <b>GRS</b>	ORGANIZATION USAAF	RELIGION Unk	IDENTIFICATION VERIFIED BY Elijah H Fields, Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform - Mattress cover	CONDITION OF REMAINS Missing : left tibia and left ulna. Body in skeleton form. Multiple fractures of all major bones.
--	---

OTHER MEANS OF IDENTIFICATION  
Report of Burial found with remains

MINOR DISCREPANCIES / None

**NAT FILE RECORDS ANNOTATED**  
DATE 2 May 50  
NAME John  
BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 18 May 48 BY Elijah H Fields, Embalmer

CASKET SEALED BY  
Elijah H Fields, Embalmer

EMBALMER (Signature)  
Elijah H Fields, Embalmer

CASKET BOXED AND MARKED  
DATE 18 May 48 BY Elijah H Fields, Embalmer

SHIPPING ADDRESS VERIFIED BY  
& tags verified by: Henry F Alzmann, 1st Lt Inf

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Henry F Alzmann*  
Henry F Alzmann, 1st Lt Inf, 337 QM Bn  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Consignee corrected - Reg. Div. *EW*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC ST AVOLD FRANCE</b>		TO <b>OIC NEUVILLE, BELGIUM</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>pl Adolph J. Civello 36737585</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>FRANK B. GALLAGHAN 1st Lt PA</b>	DATE <b>29 Oct 49</b>	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM <b>(SA VANDERBILTVAE OJDEL)</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>CAS VANDER LIANCE</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

**AIRMAIL**

293 unk France (misc) X-7039, X-7120, X-7140  
+ X-7464  
Cm

FORM 293  
GPO European

7 February 1950

**SUBJECT:** Identification of World War II Deceased

**TO:** Chief, Registration Division  
7887 Graves Registration Detachment  
APO 58, c/o Postmaster  
New York, New York

1. Reference is made to Transmittal Letter #4522, dated 29 November 1949, forwarding Certificates of Unidentifiability.
2. This Office approves the classification of Unknowns X-7039, X-7120, X-7140 and X-7464, interred in USMC St. Avold, France, as Unidentifiable.

**FOR THE COMMANDER GENERAL:**

Rice/ld  
Foy  
HEB  
Cy furnished: Adm Sect

F. H. METZ  
Lt. Colonel, GPO  
Memorial Division

293 unk + 1120 -  
BT  
AVOL  
Theriac

JM  
TE

**AIRMAIL**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 U S ARMY

RRE 293

25 November 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 7120, Plot JJJJ, Row 2, Grave 31, USMC St. Avold, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 2649, dated 6-2-48.

3. Remarks:

**See Case History attached**

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

QMC

*E. D. Mulvanity*  
Lt. Col. E. D. MULVANITY, O-359598

QMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

*Edward F. Price, Jr.*  
Capt. Edward F. PRICE, Jr., O-1588236

QMC

*Frederick S. David*  
1st Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GLEER, W-2102925

USA

Capt. Jack C. HAYES, O-1577297

QMC

Received *Opal* information from *Opal* available presently. *6 Feb 50*

Incl #7

7. P. # 4522, 29 Nov 49

UNKNOWN NO. X-7120

U.S. MILITARY CEMETERY St Avold  
(Location)

1. Unknown X-7120 was disinterred from a common grave in the civilian cemetery of Wiener-Neustadt, Austria with the remains of thirty-three (33) other American casualties. A total of twenty-three (23) of the subject casualties have been identified and interred as Knowns in USMC at St Avold.

2. Unknown X-7120 has been associated with T/Sgt George B. Berkstresser, 18104589 by tooth chart comparison, however, the three (3) Medical Forms 79 and OQMG Form 371 for subject casualty on file at this headquarters show no extractions or fillings whereas tooth chart for X-7120 shows two (2) "Ao" fillings in R-14 and R-11, 12, L-2, 3 as posthumously missing therefore positive identification can not be made.

3. Tooth chart obtained for X-7120 has been further checked against tooth charts for Known casualties in Austria (Mapsheet D-49) insofar as possible, with negative results.

4. It is recommended that X-7120 St Avold be made unidentifiable.

ARTHUR E. DAROIS

ANNEX # \_\_\_\_\_





DISINTERMENT DIRECTIVE

6

293

UK - France X-7120 (St. Avold)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 01 48

DAY MONTH YEAR

NAME

UNKNOWN X-007120

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

1

DAY MONTH YEAR

CEMETERY

ST AVOLD - METZ

DISPOSITION OF REMAINS

0 3503 60

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

4J 31 FRANCE

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

ST. AVOLD, FRANCE  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

USAAF

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
of Report of Interment WD QMC Form 1042)

DD # 570, dated 4 November 1947

Unknown X X-7120

Cemetery St. Auld, France

Plot IIII Row 2 Grave 31

1. ~~Recovery at Cemetery~~ Date reprocessed: 11 December 1947  
(Hour) (Date)
2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
\_\_\_\_\_  
(Sheet, scale and serials used)
3. Remains ~~recovered or~~ disinterred ~~by~~ and reprocessed by I.S. First Zone  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

FEB 20 1948  
2

Belt, web ..... None  
 Drawers, wool ..... None  
 Drawers, cotton ..... None  
 Leggings, wool ..... None  
 Socks, cotton ..... None  
 \* Shoes ..... None (type) .....  
 Overshoes ..... None  
 Web Equipment ..... None (type) .....

(Other item) ..... None

(Other item) ..... None

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or  
 Insignia ..... None (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... None

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? UTD

6. Description of Remains: R. HUMERUS 35.8"

Age UTD Height Est. 5'11 5/8" Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD  
 (Length, width, location)

UTD Tattoos  
 (Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks UTD  
 (Yes-no; description, location)

Sunburn or tan, other than hand and face UTD

Complexion UTD  
 (Light, medium, dark, clear, pimples, poeks, freckles)

Build UTD  
 (Large, fat, thin, muscular)

Hair None found  
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD  
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD  
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee UTD  
(Light, color, extent)

Eyes UTD Eyebrows UTD  
(Color, setting, shape) (Color, lushiness, extent across nose)

Nose UTD Ears UTD  
(Size, shape, straight) (Size, set close to or far from head)

Mouth UTD Lips UTD  
(Large, medium, small) (Small, large, full)

Teeth See Tooth Chart  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin UTD  
(Prominent, receding, pointed, dimples, double)

Jaw UTD Circumference of head in inches Fractured  
(Large, small, normal) (Hat band)

Neck UTD Larynx UTD  
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders UTD Arms UTD  
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands UTD

Fingers UTD  
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest UTD  
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist UTD  
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back UTD Circumcision UTD Pubic Hair Missing  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD  
(Yes-no; location)

Legs UTD  
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet UTD Toes UTD  
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures UTD  
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Decomposed

8. Has tooth chart been prepared? Yes If not, explain  
(Yes-no)

9. Remarks Remains were received in skeleton form wrapped in a mattress cover and in an U.K. box. No clothing was found. Bone measure ments was estimated in spite of fractures. No GRS tags found. Burial bottle buried with remains. Est. wgt. of remains: 15 lbs. Fluoroscopic Report: negative.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

*Woodrow W. Wolf*  
WOODROW W. WOLF  
(Officer's Name)

CAPT QFO  
Rank Service

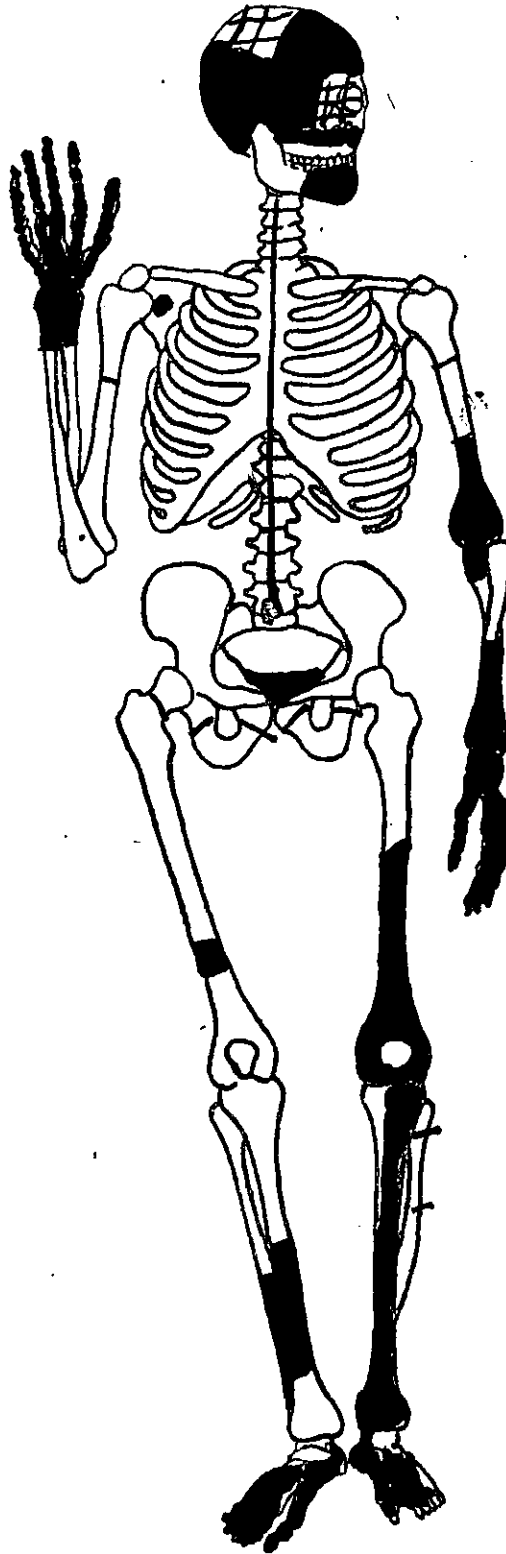
OPERATIONS OFFICER  
(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



HUMERUS 35.8 cm

Est. HEIGHT 5' 11 5/8"

# TOOTH CHART

11 December 1947

Date

Unk X-7120

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Place of Death

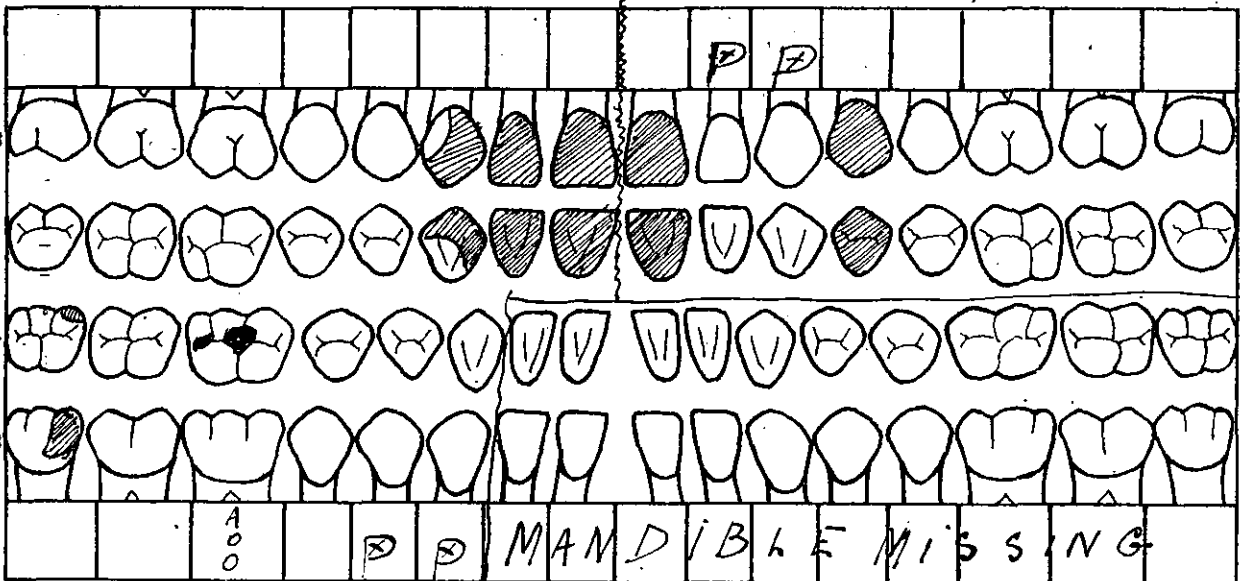
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

*see remarks*

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

IVOR J. FOSMO  
 2nd Lt., Inf.

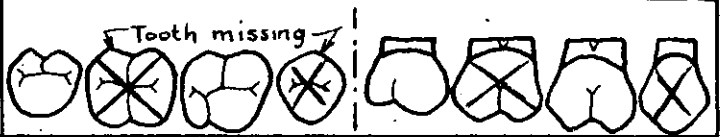
*/s/ Ivor J. Fosmo*

Signature of Officer or other person who prepared Tooth chart

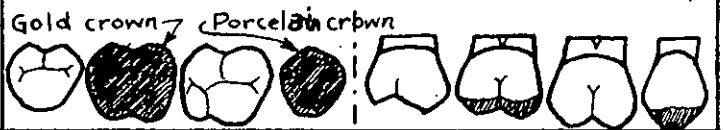
WOODROW W. WOLF  
 CAPT QMC OPER OFF

*Woodrow W. Wolf*  
 Verified by G. R. S. Officer

**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



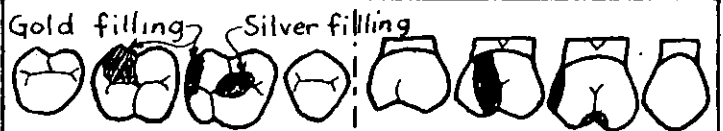
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :




**CARIES (CAVITIES)...** Outline location and size of cavity, shade in thus :



**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

**ADDITIONAL SPACE FOR FURTHER REMARKS**

 : posthumously missing

 : broken or chipped

R-3 has a mesial version (very noticeable)

R-4 and R-5 have a lingual version (not too noticeable)

R-4 has rotated 1/16 of a turn distally

L-4 " " " " " " "

Teeth are charred badly

Color : dull ivory

Size : average

Alignment: good



AGRC  
FORM No. 11  
Revised 5 January 1946

# CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment  
WD QMC Form 1042)

X-7120  
# 6590  
Unknown X = 7120  
Cemetery ST. AVOLD, FRANCE Q- 260-584  
Plot JJJJ Row 2 Grave - 31

1. Arrived at cemetery 1500 16 August 1946  
(hour) (date)
2. Place of death Wiener-Neustadt, Austria (XX 3548) Sheet 048 1/250,000  
(name of closest town) (coordinates and letter Prefix, maps)
3. Remains recovered or disinterred by 347th QM. Bn 3rd Field Command A.G.R.C.  
(Sheet, scale and serials used) (name and organization)
4. Evacuated to Cemetery by Central Identification Point  
(name and organization)
5. **Description of clothing and equipment : (If clothes do not fit, obtain size from body measurements).**

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear. <u>None</u> (type)			
Raincoat <u>None</u>			
Overcoat <u>None</u>			
Jacket, Field <u>None</u>			
Jacket, Combat <u>None</u>			
Mackinaw <u>None</u>			
Sweater <u>None</u>			
Jacket, HBT <u>None</u>			
*Shirt, Wool OD <u>None</u>			
Undershirt, Wool <u>None</u>			
Undershirt, Cotton <u>None</u>			
Trousers HBT <u>None</u>			
*Trousers, Wool OD <u>None</u>			

X-7120

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, Cotton None

\*Shoes (type) None

Overshoes None

Web Equipment (Type) None

(Other item) None

(Other item) None

\*If body is nude, sizes of these items should be computed by measuring the remains.

6. Chevrons or Insignia None  
(type & locat on : shirt, jacket, coat, helmet)

Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces  
UTD

8. Description of Remains :  
 Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD  
(length, width, location)

Tattoos UTD  
(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks UTD  
(yes-no; description, location)

Sunburn or tan, other than hands & face UTD

Complexion UTD  
(light, med, dark, clear, pimples, poeks, freckles)

Build UTD  
(large, fat, thin, muscular)

Hair None found  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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Hair UTD (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD (color, setting, shape) Mustache UTD (color, size, shape) Beard or UTD (length, heavy)

Goatee UTD (light, color, extent)

Eyes UTD (color, setting, shape) Eyebrows UTD (color, bushiness, extent across nose)

Nose UTD (size, shape, straight) Ears UTD (size, set close to or far from head)

Mouth UTD (large, medium, small) Lips UTD (small large, full)

Teeth See: Tooth Chart (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin UTD (prominent, receding, pointed, dimple, double)

Jaw UTD (large, small, normal) Circumference of head in inches Head shattered (hat, band)

Neck UTD (size, length, short, normal, wrinkled) Larynx UTD (prominent, normal)

Shoulders UTD (broad, straight, small, rounded) Arms UTD (length, muscular, color)

Hands UTD (extent and quantity of hair)

Fingers UTD (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest UTD (size of nipples, color, quantity & extent of hair, large, small normal)

Back UTD (quantity & extent of hair) aist UTD (size of navel, appendectomy, amount)

Circumcision UTD (yes-no) Pubic hair UTD (color)

Hernioplasty UTD (yes-no; location)

Legs UTD (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

140

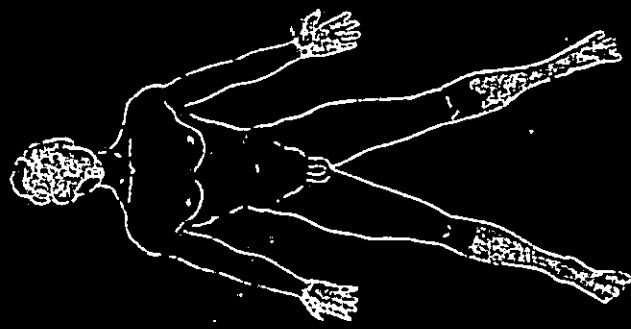
X-7120

Feet UTD  
(size, corns, callouses, flat)

Toes UTD  
(slender, straight, crooked, overlap)

Evidence of healed fractures UTD  
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :



10. Have fingerprints been placed on Report of Interment No (yes-no)

If not, explain No hands

11. Has tooth chart been prepared Yes (yes-no) If not, explain.

12. Remarks : Body badly burned, and broken up; no clothing found.

Est. weight of remains 40 Lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

*Robert L. Spens*  
Robert L. Spens  
Officer's Name

Reg. No.          Inf.           
Rank          Service         

Central Identification Point  
Organization

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TOOTH CHART

X-7120

12 August 1946

Date

Unknown X-7120

Unknown

Unk.

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

Unit

A.A.F.

Organization

B.T.P. Plane Crash

Vicinity of Wiener-Neustadt Austria Est. Oct. 1943

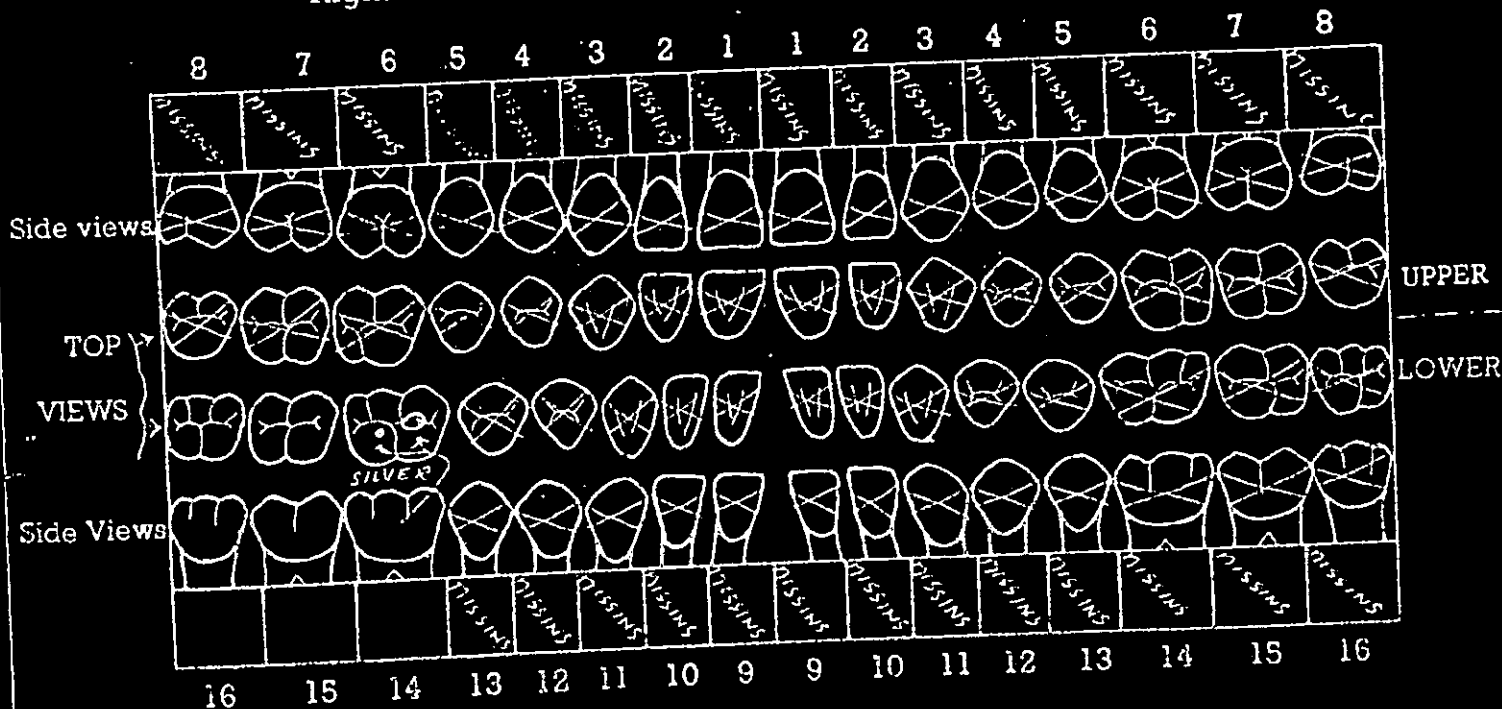
Cause of Death

Place of Death

Date of Death

Left

Right



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

*Thomas L. Lerner*

Signature of Officer or other person who prepared Tooth chart

*Robert L. Owens*

Verified by C. R. S. Officer

Robert L. Owens 2nd Lt. Inf.  
 Central Identification Point

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MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



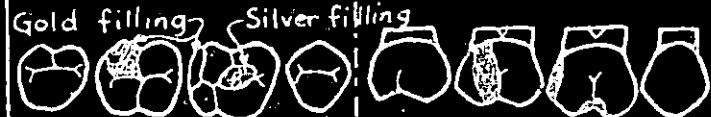
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FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES)... Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

The right mandible was badly burnt from 14-16 12-11 right and the rest of the mandible was missing.  
There was no maxillary with the body.

16<sup>24</sup>

RESTRICTED

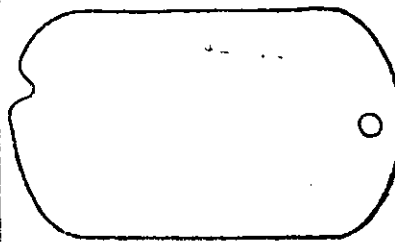
# 6590 #1

WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
16 August 1946

Impression Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL NO.
Unknown X-7120		Unknown.
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown.	Air Forces
RACE	RELIGION	IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY
Unknown.	Unknown	

PLACE OF DEATH Vicinity of Wiener Neustadt, Austria	CAUSE OF DEATH B.T.B. Airplane Crash	DATE OF DEATH Est. October 1943
--	---	------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (U. S. or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	None

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
U.S. Military Cemetery (Q-260584) St. Evreuil France

DATE OF BURIAL 16 August 1946	HOUR 1530	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE, MARKER Temp. Wooden Cross	ROW NO. 2	GRAVE NO. 31
----------------------------------	--------------	---	---	--------------	-----------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Wiener-Neustadt Cemetery, Wiener Neustadt Austria (xX 3548) Sheet 0-48 Map 1/250,000	PLOT NO. K	ROW NO. 6	GRAVE NO. -
--	--	---------------	--------------	----------------

TYPE OF RELIGIOUS CEREMONY GEN. SERVICE	PERSON CONDUCTING BURIAL RITES CH. H.A. LEE, 1st Lt.	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One Copy W.D. Q.M.C. Form 1042 * Report of Interment * Placed in burial bottle and buried with remains.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes-Embossed Plate	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X- 7102	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 30
---	-------------	-------------------	---------------------	-----------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X- 7101	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 32
--	-------------	-------------------	---------------------	-----------------

SIGNATURE OF PERSON PREPARING REPORT Robert L. Owens 2nd Lt. Central Identification Point	SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SLEATOR, Major Inf. 3rd Field Command.
--	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

**RESTRICTED**

Section: UNIDENTIFIED REMAINS.

**INSTRUCTIONS:**

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


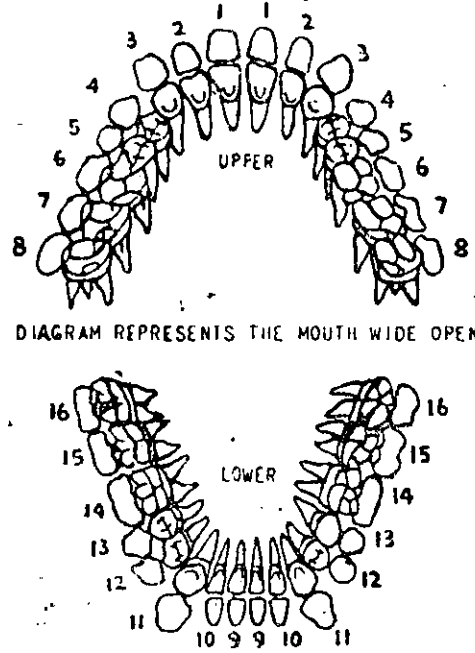




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
UTD	UTD	UTD	UTD	UTD

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
None	None	Wiener-Neustadt, Austria

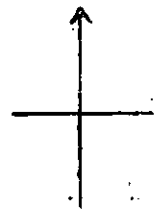
**OTHER IDENTIFICATION CLUES**

None

FILLINGS	 SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

None



**REMARKS:**

Attached Form 11 Check List of Unknowns and Form 1A Tooth Chart. Impossible to obtain finger prints because of missing portions.

Est. weight of remains 40 Lbs.